



ASIIS Enrollment Application

(602) 364-3899 or 1-877-491-5741 (toll-free-number)
(602) 364-3285 (ASIIS fax number)

ADHS – Immunization Office/ASIIS
150 North. 18th Avenue, Suite 120
Phoenix, Arizona 85007-3233

IRMS Number: _____

DIRECTIONS: Please fill out the top portion of this form and mail it back to us. If you have any questions, please call us.

Practice Name: _____

Address: _____

City: _____ State: AZ Zip: _____

Phone #: (____) _____ FAX #: (____) _____

Office Manager: _____

E-mail address: _____

Mailing Address (if different than above)

Address: _____

City: _____ State: AZ Zip: _____

Type of Organization:
(Check only one)

- ☐ Family or General Practice
- ☐ Pediatrics Practice
- ☐ Family Health Center
- ☐ School-Based Clinic or Family Resource and Wellness Center
- ☐ Indian Health Service Unit (IHS/Tribal Health Center)
- ☐ County Health Department
- ☐ Private Hospital
- ☐ Public Hospital
- ☐ Community Health Center (FQHC)
- ☐ Rural Health Center (RHC)
- ☐ Other (please specify)

Current Computer Hardware Setup:

Do you have a high- speed Internet connection? (This does not include dial –up) ☐ Yes ☐ No

Please note: Internet Explorer 6.0 is required for use of the web application. Internet Explorer is available at www.microsoft.com.